

Case Number:	CM13-0037960		
Date Assigned:	12/18/2013	Date of Injury:	07/02/2004
Decision Date:	03/24/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty Certificate in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 63-year-old male, date of injury 07/02/2004. This patient has diagnosis of right knee replacement from 06/28/2013, left shoulder rotator cuff, status post acromioplasty and rotator cuff repair. Report 09/05/2013 by [REDACTED] states the patient is making excellent progress with knee but has developed increasing left shoulder pain from prior left shoulder rotator cuff impingement problem. He recommended a repeat MRI of the left shoulder, and also the patient was requesting subacromial corticosteroid injection. MR arthrogram of the left shoulder was from 08/19/2004, but the full report is missing. An orthopedic examination dated 01/05/2010 reads that the patient had shoulder arthroscopic surgery in October 2009 by [REDACTED] and was discharged from treatment, and the left shoulder pain was intermittent and occurred when raising left arm up overhead. Review of the reports from 06/19/2013, 07/09/2013, and 08/14/2013 does not mention any shoulder complaints.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 subacromial corticosteroid injection with 3cc Depo-Medrol and Marcaine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: This patient presents with increased symptoms in the left shoulder following the patient's knee arthroplasty. This may be due to the use of either the cane or crutches following his surgery. [REDACTED], the treating physician, documents on 09/05/2013 that the patient has increased left shoulder with positive impingement maneuvers and some pain with marked limitation range of motion. Review of other reports from 2013 by [REDACTED] as well as [REDACTED] report from 2010 does not show any evidence that this patient has had recent subacromial steroid injection into shoulder following his shoulder surgery back in 2009. American College of Occupational and Environmental Medicine (ACOEM) Guidelines support cortisone injections to the shoulder up to 2 or 3 injections. Recommendation is for authorization.

1 MRI of left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 207-208.

Decision rationale: The treating physician, [REDACTED], has requested MRI of the left shoulder, Progress Report 09/05/2013. It appears that the patient is experiencing increased left shoulder pain. The patient has history of chronic left shoulder pain, but the patient was apparently doing well following 2009 left shoulder subacromial decompression surgery. Per [REDACTED] report in 2010, it shows that the patient had minimal left shoulder pain. Review of the reports 2013 by [REDACTED] does not list any significant complaints of left shoulder until 09/15/2013 report, at which time, the patient began to experience quite a bit of pain with diminished range of motion and positive impingement maneuvers on examination. The treating physician has requested the MRI of the left shoulder, but based on review of the Guidelines for MRIs, this is premature. The patient is experiencing exacerbation or increased symptoms recently, and conservative measures should be tried first. The treater has provided subacromial cortisone injection, and the result of that is not known. The Guidelines do not support rushing into advanced diagnostic imaging studies until conservative measures have been tried. American College of Occupational and Environmental Medicine (ACOEM) Guidelines page 207-208 requires the emergence of red flag, physiologic evidence of neurovascular dysfunction, failure to progress on strengthening program before MRI is indicated. This patient does not present with any of these indications. Recommendation is for denial.